

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

829

State File No.

FILED FEB 5 1952

BIRTH NO. _____		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>6429</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived if institution; residence before a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u> additional)			
b. CITY OR TOWN <u>Beaufort Mo</u>		c. LENGTH OF STAY (in this place) <u>27 yrs</u>		c. CITY OR TOWN <u>Beaufort Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Syon.</u>				d. STREET ADDRESS (If rural, give location) <u>Syon Twn. 0360</u>			
3. NAME OF DECEASED (First) <u>Edward</u>			b. (Middle) <u>E.</u>		c. (Last) <u>Bucksath</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 5 1952</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>Nov 9 1886</u>	9. AGE (in years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTH PLACE (State or foreign country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Bucksath</u>			13b. MOTHER'S MAIDEN NAME <u>Charlot Umbling</u>		14. NAME OF HUSBAND OR WIFE <u>Stana Bucksath</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Edward H Bucksath</u> ADDRESS <u>Beaufort Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Neck due to accidental fall</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>E9030-22</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>036</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accidental in his home</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) <u>Beaufort</u> (COUNTY) <u>Franklin</u> (STATE) <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell backward striking back of neck against door post</u>			
22. I hereby certify that I attended the deceased from <u>1-5-1952</u> to <u>1-5-1952</u> , that I last saw the deceased alive on <u>1-5-1952</u> , and that death occurred at <u>9:00 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. Matthews M.D.</u> (Degree or title)				23b. ADDRESS <u>Beaufort Mo</u>		23c. DATE SIGNED <u>1-7-52</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 8 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Johns Luth</u>		24d. LOCATION (City, town, or county) (State) <u>Beaufort Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-7-52</u>		REGISTRAR'S SIGNATURE <u>H. Matthews</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Lemme</u> ADDRESS <u>Beaufort Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

E. W. Jenne

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed *E. W. Jenne*

Licensed Embalmer No. *3076*

P. O. Address *Beaufort Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.